

When recorded, mail to:

✓ George M. Keele
1692 County Road
Minden, NV 89423

APN 1220-04-111-010

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, MICHAEL R. SPENCER, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am MICHAEL R. SPENCER, the son of DORA L. SPENCER, one of the grantees named in that certain Grant, Bargain and Sale Deed recorded as Document No. 0469985 in Book 0699, Page 2211, of Official Records, in the Office of the County Recorder of Douglas County, State of Nevada, which property described therein is located in the County of Douglas, State of Nevada, and which property is known as 1218 Kingslane, Gardnerville, Douglas County, Nevada, and more specifically described as follows, to wit:

Lot 9, as shown on the Official Map of KINGSLANE UNIT NO. 1, filed for office of the County Recorder of Douglas County, Nevada, on December 26, 1968, in Book 64, Page 82, as Document No. 43243.

Assessor's Parcel No. 1220-04-111-010.

0481234
BK 1199PG3773

3. DORA L. SPENCER was one of the grantees named in said deed and was the identical person as DORA LYNETTE SPENCER, the decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, which person died on September 23, 1999, in Douglas County, Nevada.

Michael R. SPENCER
MICHAEL R. SPENCER

SIGNED AND SWORN TO (or affirmed)
before me on November 19, 1999,
by MICHAEL R. SPENCER.

Mary E. Baldecchi
Notary Public



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last Dora Lynette SPENCER			2. DATE OF DEATH (Month, Day, Year) September 23, 1999		3. COUNTY OF DEATH Douglas
3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1218 Kings Lane		3e. If Hosp. or Inst. indicate DOA, OP/Emor. Rm. Inpatient (Specify) SEX Female	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) 74	
9a. STATE OF BIRTH (If not U.S.A., name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)			
13. SOCIAL SECURITY NUMBER [REDACTED] 4789		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville	
		15d. STREET AND NUMBER 1218 Kings Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER—NAME First Middle Last			17. MOTHER—MAIDEN NAME First Middle Last Minnie Stumbaugh		
18a. INFORMANT—NAME (Type or Print) Michael Spencer - Son			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1218 Kings Lane, Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) James P. [Signature]		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
21a. DATE SIGNED (Mo., Day, Yr.) 9/23/99		21b. HOUR OF DEATH 0200		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) Robert M. McDonald, M.D.	
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert McDonald, M.D.		21d. LICENSE NUMBER 6433		22b. DATE SIGNED (Mo., Day, Yr.)	
				22c. HOUR OF DEATH	
				22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
				22e. PRONOUNCED DEAD (Hour)	
				22f. ON	
				22g. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Robert McDonald, M.D., 710 W. Washington, Carson City, Nevada			23b. LICENSE NUMBER 6433		
24a. REGISTRAR (Signature) Vera R. Hochmepf		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Sept. 27, 1999		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
PART I (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF:				Months	
(b) End stage Emphysema DUE TO, OR AS A CONSEQUENCE OF:				Year	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION.		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN	
28j. STATE					

No.154935

STATE REGISTRAR

Yvonne Sylvia

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: SEP 27 1999

BK 1199 PG 3775

0481234

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY
Michael Spencer
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 NOV 22 AM 9: 01

LINDA SLATER
RECORDER

0481234

BK1199PG3776

\$ 10⁰⁰ PAID Bh DEPUTY